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Certified Copies	Certificate	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A & E	Investments e of Limited Liability Company	o£
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	Alriano Suift Name of Person	
	Firm/Company	
	1440 SW 3074	54
7.	ort Lauderdole, Fo	1 37315
Ado E-mail ad	dress: (to be used for future animum report notif	Com
For further information concerning this matter, pl		
Adriano Swift Name of Person	at (56/) S56 Area Code Daytime	-352 5 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Sta		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now application of the Limited Liability Company and the Limited Liability Company as it now application of the Limited Liability Company and the Liability Company and	South Florida UC Dears on our records.) Ty)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L170002 28 119</u> .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>; here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abbreviation "L.1,.C."
Enter new principal offices address, if applicable:	18
(Principal office address MUST BE A STREET ADDRESS)	SFP 1
Enter new mailing address, if applicable:	2 D
(Mailing address MAY BE A POST OFFICE BOX)	22 - 22
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Floridu strect address
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

.

MGR = Manager

Title	<u>Name</u>	Address	Type of Action
MR	Swift, Adrian o J. Manager		_
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fective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ote: If the date inserted in this block does not meet the applicable statutory filing requirem cument's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605,020 tents, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at I The 90th day after the record is filed.	12:01 a.m. on the earlier o
ted9/14/16	
Signature of a member or authorized representative of a membe	

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Page 3 of 3

Filing Fee: \$25.00